

MATERIAL INSPECTION AND RECEIVING REPORT

Form Approved
OMB No. 0704-0248

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.**

1. PROC. INSTRUMENT IDEN. (CONTRACT)			(ORDER) NO.		6. INVOICE NO./DATE		7. PAGE OF		8. ACCEPTANCE POINT	
2. SHIPMENT NO.		3. DATE SHIPPED		4. B/L TCN		5. DISCOUNT TERMS				
9. PRIME CONTRACTOR CODE				10. ADMINISTERED BY CODE						
11. SHIPPED FROM (If other than 9) CODE				FOB:		12. PAYMENT WILL BE MADE BY CODE				
13. SHIPPED TO CODE				14. MARKED FOR CODE						
15. ITEM NO.		16. STOCK/PART NO. DESCRIPTION <small>(Indicate number of shipping containers - type of container - container number.)</small>			17. QUANTITY SHIP/REC'D*		18. UNIT	19. UNIT PRICE		20. AMOUNT

21. CONTRACT QUALITY ASSURANCE

<p>A. ORIGIN</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p>	<p>B. DESTINATION</p> <p><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</p>
DATE _____ SIGNATURE OF AUTH GOVT REP _____ TYPED NAME AND OFFICE _____	DATE _____ SIGNATURE OF AUTH GOVT REP _____ TYPED NAME AND OFFICE _____

22. RECEIVER'S USE

Quantities shown in column 17 were received in apparent good condition except as noted.

DATE _____ SIGNATURE OF AUTH GOVT REP _____

TYPED NAME AND OFFICE _____

** If quantity received by the Government is the same as quantity shipped, indicate by (X) mark, if different, enter actual quantity received below quantity shipped and encircle.*

23. CONTRACTOR USE ONLY